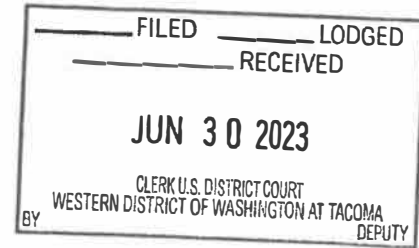


Rev. 3/19

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON



Nathan Fouts
Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. 3:23-cv-05594-RAJ-DWC

(leave blank – for court staff only)

Nurse Dian at Mason County Jail who last name I don't know

medical director of mason county who name I don't know

**PRISONER CIVIL RIGHTS
COMPLAINT**

Sec 1111.1
Defendant's/defendants' full name(s)

Defendant(s).

Jury Demand?

☐ Yes

☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

Facts Nathan B
Name (Last, First, MI) Aliases/Formal Names

Doc # 323460 - Jail mgt 71694
Prisoner ID #

Mason County Jail
Place of Detention

P.O. Box 519
Institutional Address

Mason, Shelton WA 98584
County, City State Zip Code

Indicate your status:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Pretrial detainee | <input type="checkbox"/> Convicted and sentenced state prisoner |
| <input type="checkbox"/> Civilly committed detainee | <input type="checkbox"/> Convicted and sentenced federal prisoner |
| <input type="checkbox"/> Immigration detainee | |

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1: Nurse Alan mason county Jail whom last Name I dont know
Name (Last, First)

Nurse
Current Job Title

Mason County Jail
Current Work Address

Mason Shelton
County, City

WA
State

98584
Zip Code

Defendant 2: medical director of mason county Jail who I dont know Name of
Name (Last, First)

medical director
Current Job Title

Mason County Jail
Current Work Address

Mason Shelton
County, City

WA
State

98584
Zip Code

Defendant 3: see AHH - Z
Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

AHH:2

Defendant 3:

Provider Who I don't know name of the Provider me

Name

Provider Mason County Jail

Current Job title

Mason County Jail

Current Work Address

Mason Skelton
County CityWA
State98584
Zip Code

Defendant 4: Mason County

Mason County Who I don't know address

Name

Current Job title

Current work address Don't know Address

County City

State

Zipcode

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 Nurse Dian who I don't know the name of Mason County Jail
8th Admin mt

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 I was perscribed gabapentin by a Provider here
and another ^{Medical Director} ~~Provider~~ without seeing me to assess
my Pain took me off. ~~the~~ nurse Dian left me with
No Pain meds and told me I had to wait to see

a different provider next week to assess me.
I declared a medical emergency and was denied to
Pain meds. Temporary ^{injunction} and permanent injunction. The
Pain I have comes from Perthes calf disease a
degenerate birth defect.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

dilebrant In difference, malpractice, left in excruciating
Pain, Loss of Liberty.

COUNT II

Identify the second right you believe was violated and by whom:

2.1 medical direction of mason county Jail whom I don't know the name of 8th defendant

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 I was prescribed gabapentin for pain. The Provider I seen a prescribed it for me. Nurse Dian Cane and told me the medical direction of mason County Jail took me off it with seeing me or assesing my pain level. Also declared 2 medical emergencies for pain and she failed to prescribe me or give me anything for relief. Temporary Injunction and Permenat Injunction.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

Lost Liberty leaving m in pain

COUNT III

Identify the third right you believe was violated and by whom:

3.1

See AHH! 3

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.

AHH 1

Provider who prescribed me garapention who I dont know the name of
mason County

AlH 3

Count III

3.1 provider who I don't know the name of that prescribed me gabapentin

3.2 was prescribed gabapentin by provider. Nurse Joan came and told me medical director took me off they don't do gabapentin for pain anymore. Declared medical emergencies on my pain. Nurse Joan would not give me anything. And the medical director did not see me to assess my pain before I was taken off. I'm losing my liberty and am left in pain.

Count IIII

4.1 Mason County / State of Washington
8th Amendment

4.2 Same as Count IIII and they hired inadequate staff that are not properly trained that leave patients in pain

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

This is a Temporary Injunction and Permanent Injunction and
I would like my guardianship back and I want money
~~for~~ for Punitive Damages Nurse Dan to lose her job for
Not giving me anything for pain after she took guardianship away

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

6-26-2023
Dated

Nahma
Plaintiff's Signature

Washin flats
mason county Jail
P.O. Box 519
Shelton, WA 98584



Clerk U.S. District Court
1717 Pacific Ave, Room 3100
Tacoma WA 98402

FILED	LODGED
RECEIVED	
JUN 30 2023	
CLERK U.S. DISTRICT COURT	
BY WESTERN DISTRICT OF WASHINGTON AT TACOMA DEPUTY	

EXAD